

**UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)**

Charitta Burt, Paralegal

U. S. Application No. 101542884

Publication Date 9-30-04

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PCT/RO/101

Copy of ISR US, Copy of IPER US

Assignee information: \_\_\_\_\_

Priority Info: Country US

No. 601446482

date 2-11-03

MORE

Correspondence checked: \_\_\_\_\_

deposit account \_\_\_\_\_

Inventor Residence city: LOS ANGELES

state and/or country CA

citizenship: US

International Application No. PCT \_\_\_\_\_

Language \_\_\_\_\_

Copy in International Application: /

; Translation: yes \_\_\_\_\_ no \_\_\_\_\_

Spec.pg no. \_\_\_\_\_

371 Filing Fees: 300

US IPER meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 20

Chargeable 20

Independent 2

multiple NO

Number of drawing Sheets: 2

Foreign language: \_\_\_\_\_

Oath/Declaration: / signed \_\_\_\_\_

unsigned \_\_\_\_\_ defective \_\_\_\_\_

completed 7-20-05

Power of Attorney: \_\_\_\_\_

Small entity fee: \_\_\_\_\_

SME document yes \_\_\_\_\_

no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_

entered \_\_\_\_\_

Bio Seq. Listing: \_\_\_\_\_

statement \_\_\_\_\_

Article 19 Amendment: \_\_\_\_\_

; replaced by Article 34 Amdt. \_\_\_\_\_

Copy ISA References \_\_\_\_\_

Copy of IPER: /

; Annexes : \_\_\_\_\_

entered \_\_\_\_\_

not entered \_\_\_\_\_

Text sequence improper \_\_\_\_\_

Preliminary Amendment(s): \_\_\_\_\_

date: \_\_\_\_\_

; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: \_\_\_\_\_

DATE: \_\_\_\_\_

2<sup>nd</sup>

DATE \_\_\_\_\_

Request for Immediate Examination: /

Substitute Specification: \_\_\_\_\_

date: \_\_\_\_\_

Assignment: \_\_\_\_\_

forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): /

Number of copies included 1

Date of 35 USC Receipt of Request: 7-20-05

Date Completion USC 371 Requirements: 7-20-05

Notice of Missing Requirements: \_\_\_\_\_

Notice of Defective Response: \_\_\_\_\_

Notice of Acceptance: 1-6-06

Notice of Abandonment: \_\_\_\_\_

Petition to Revive: \_\_\_\_\_

Other forms: \_\_\_\_\_

Extension of time: Number of months \_\_\_\_\_

**Notes:**